PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with chicable fee(s), to: Mail Mail Stop ISSUE F. Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

appropriate. All further indicated unless corrected maintenance fee notificated and the continuation of th	correspondence including discovering or directed other contracts of the contract of the contra	or transmitting the 1880, ag the Patent, advance of terwise in Block 1, by (a	rders and notification a) specifying a new co	of maintenance fees vorrespondence address	vill be r ; and/or	nailed to the curren (b) indicating a sep	snould be t correspo arate "FI	ondence address as EE ADDRESS" for	
CURRENT CORRESPONDE	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.								
44987 HARRITY SN 11350 Random I SUITE 600	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.								
FAIRFAX, VA	22030							(Depositor's name)	
			-					(Signature)	
								(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	ГOR	ATTORNEY DOCKET NO.		CONF	CONFIRMATION NO.	
09/974,030	10/10/2001		Fabien Buda		JNP-0186		L	7530	
		IULTIPLE OUTPUT CH	*						
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSU			3	DATE DUE	
nonprovisional	nonprovisional NO		\$300	\$0		\$1700		11/09/2006	
EXAMINER		ART UNIT	CLASS-SUBCLASS						
KIM, K	EVIN	2611	375-347000						
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, after (2) the name of a s registered attorney 2 registered patent listed, no name wil	f a single firm (having as a member a new or agent) and the names of up to ent attorneys or agents. If no name is will be printed.					
A ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) JUNIPER NETWORKS, INC. Sunnyvale, California, USA									
Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🕱 Corporation or other private group entity 🔲 Government									
4a. The following fee(s) are submitted: State Fee									
NOTE: The Issue Fee an	s SMALL ENTITY state d Publication Fee (if req	is. See 37 CFR 1.27.	b. Applicant is no	longer claiming SMA	LL ENT	TTY status. See 37 (CFR 1.27(g)(2).	
interest as shown by the i	ecords of the United Sta	tes Patent and Trademark	Office.						
		<pre>. Harrity/ E. Harrity</pre>				eptember : 43,367			
		E. HATTLEY FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary tden, should be sent to the O NOT SEND FEES OR		or retain a benefit by s estimated to take 12 ndividual case. Any or fficer, U.S. Patent and S TO THIS ADDRES:	the publi minutes omments Tradem S. SENL	ic which is to file (at to complete, includi s on the amount of that Office, U.S. Dep TO: Commissioner	id by the ng gather ine you r partment of for Pater	USPTO to process) ing, preparing, and equire to complete of Commerce, P.O. its, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.